

CLAIMS ONLY							Application Number 10/612,967		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2		/					52					
3		/					53					
4	/						54					
5		/					55					
6		/					56					
7		X					57					
8		X					58					
9		/					59					
10		/					60					
11		X					61					
12		X					62					
13							63					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	6						Total Depend					
Total Claims	8						Total Claims					

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